

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
CHARGE AGAINST EMPLOYER

FORM EXEMPT UNDER 44 U.S.C 3512

DO NOT WRITE IN THIS SPACE

Case
20-CA-164016

Date Filed
11/10/2015

INSTRUCTIONS:

File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT

a. Name of Employer Vibra Hospital of Sacramento		b. Tel. No. (916) 351-9151
		c. Cell No.
		f. Fax No.
d. Address (Street, city, state, and ZIP code) 330 Montrose Dr, Folsom, CA 95630	e. Employer Representative Chase Caldwell	g. e-Mail
		h. Number of workers employed
i. Type of Establishment (factory, mine, wholesaler, etc.) Acute Care Hospital	j. Identify principal product or service Health Care	

k. The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsections (1) and (list subsections) and 8(a)(3) of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.

2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices)

Within the last six months immediately preceding the filing of this charge, the employer, by and through its agents, violated Section 8(a)(1) and 8(a)(3) of the Act, by terminating and disciplining (b) (6), (b) (7)(C) because of union activities.

3. Full name of party filing charge (if labor organization, give full name, including local name and number)

Service Employees International Union, United Healthcare Workers West

4a. Address (Street and number, city, state, and ZIP code)

**560 Thomas L. Berkley Way
Oakland, CA 94612**

RECEIVED
NLRB REGION 20
2015 NOV 10 PM 2:51
SAN FRANCISCO, CA

4b. Tel. No. **(510) 251-1250**

4c. Cell No.

4d. Fax No. **(510) 763-2680**

4e. e-Mail

5. Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled in when charge is filed by a labor organization) **Service Employees International Union,**

6. DECLARATION

I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief.

By 
(signature of representative or person making charge)

Xochitl A. Lopez
(Printtype name and title or office, if any)

Tel. No. **(510) 337-1001**

Office, if any, Cell No.

Fax No. **(510) 337-1023**

e-Mail
xlopez@unioncounsel.net

Address **1001 Marina Village Parkway, Suite 200, Alameda, CA 94501**

11/9/15
(date)

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain those uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Inquiry ID **1-1517292721** 1/837336

ORIGINAL



UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

REGION 20
901 Market Street, Suite 400
San Francisco, CA 94103-1738

Agency Website: www.nlr.gov
Telephone: (415)356-5130
Fax: (415)356-5156



Download
NLRB
Mobile App

November 12, 2015

Chase Caldwell, Employer Representative
Vibra Hospital of Sacramento
330 Montrose Dr
Folsom, CA 95630-2720

Re: Vibra Hospital of Sacramento
Case 20-CA-164016

Dear Mr. Caldwell:

Enclosed is a copy of a charge that has been filed in this case. This letter tells you how to contact the Board agent who will be investigating the charge, explains your right to be represented, discusses presenting your evidence, and provides a brief explanation of our procedures, including how to submit documents to the NLRB.

Investigator: This charge is being investigated by Field Examiner SAMUEL J. HOFFMANN whose telephone number is (415)356-5167. If this Board agent is not available, you may contact Supervisory Field Examiner OLIVIA VARGAS whose telephone number is (415)356-5180.

Right to Representation: You have the right to be represented by an attorney or other representative in any proceeding before us. If you choose to be represented, your representative must notify us in writing of this fact as soon as possible by completing Form NLRB-4701, Notice of Appearance. This form is available on our website, www.nlr.gov, or from an NLRB office upon your request.

If you are contacted by someone about representing you in this case, please be assured that no organization or person seeking your business has any "inside knowledge" or favored relationship with the National Labor Relations Board. Their knowledge regarding this proceeding was only obtained through access to information that must be made available to any member of the public under the Freedom of Information Act.

Presentation of Your Evidence: We seek prompt resolutions of labor disputes. Therefore, I urge you or your representative to submit a complete written account of the facts and a statement of your position with respect to the allegations set forth in the charge as soon as possible. If the Board agent later asks for more evidence, I strongly urge you or your representative to cooperate fully by promptly presenting all evidence relevant to the investigation. In this way, the case can be fully investigated more quickly. **Due to the nature of the allegations in the enclosed unfair labor practice charge, we have identified this case as one in which injunctive relief pursuant to Section 10(j) of the Act may be appropriate.** Therefore, in addition to investigating the merits of the unfair labor practice allegations, the

Board agent will also inquire into those factors relevant to making a determination as to whether or not 10(j) injunctive relief is appropriate in this case. Accordingly, please include your position on the appropriateness of Section 10(j) relief when you submit your evidence relevant to the investigation.

Full and complete cooperation includes providing witnesses to give sworn affidavits to a Board agent, and providing all relevant documentary evidence requested by the Board agent. Sending us your written account of the facts and a statement of your position is not enough to be considered full and complete cooperation. A refusal to fully cooperate during the investigation might cause a case to be litigated unnecessarily.

In addition, either you or your representative must complete the enclosed Commerce Questionnaire to enable us to determine whether the NLRB has jurisdiction over this dispute. If you recently submitted this information in another case, or if you need assistance completing the form, please contact the Board agent.

We will not honor any request to place limitations on our use of position statements or evidence beyond those prescribed by the Freedom of Information Act and the Federal Records Act. Thus, we will not honor any claim of confidentiality except as provided by Exemption 4 of FOIA, 5 U.S.C. Sec. 552(b)(4), and any material you submit may be introduced as evidence at any hearing before an administrative law judge. We are also required by the Federal Records Act to keep copies of documents gathered in our investigation for some years after a case closes. Further, the Freedom of Information Act may require that we disclose such records in closed cases upon request, unless there is an applicable exemption. Examples of those exemptions are those that protect confidential financial information or personal privacy interests.

Procedures: We strongly urge everyone to submit all documents and other materials by E-Filing (not e-mailing) through our website, www.nlr.gov. However, the Agency will continue to accept timely filed paper documents. Please include the case name and number indicated above on all your correspondence regarding the charge.

Information about the Agency, the procedures we follow in unfair labor practice cases and our customer service standards is available on our website, www.nlr.gov or from an NLRB office upon your request. NLRB Form 4541 offers information that is helpful to parties involved in an investigation of an unfair labor practice charge.

We can provide assistance for persons with limited English proficiency or disability. Please let us know if you or any of your witnesses would like such assistance.

November 12, 2015

Very truly yours,

A handwritten signature in black ink, appearing to read "J. Frankl", written in a cursive style.

JOSEPH F. FRANKL
Regional Director

Enclosures:

1. Copy of Charge
2. Commerce Questionnaire

QUESTIONNAIRE ON COMMERCE INFORMATION

Please read carefully, answer all applicable items, and return to the NLRB Office. If additional space is required, please add a page and identify item number.

CASE NAME

Vibra Hospital of Sacramento

CASE NUMBER

20-CA-164016

1. EXACT LEGAL TITLE OF ENTITY (As filed with State and/or stated in legal documents forming entity)**2. TYPE OF ENTITY**☐ CORPORATION ☐ LLC ☐ LLP ☐ PARTNERSHIP ☐ SOLE PROPRIETORSHIP ☐ OTHER (Specify)**3. IF A CORPORATION or LLC**A. STATE OF INCORPORATION
OR FORMATION

B. NAME, ADDRESS, AND RELATIONSHIP (e.g. parent, subsidiary) OF ALL RELATED ENTITIES

4. IF AN LLC OR ANY TYPE OF PARTNERSHIP, FULL NAME AND ADDRESS OF ALL MEMBERS OR PARTNERS**5. IF A SOLE PROPRIETORSHIP, FULL NAME AND ADDRESS OF PROPRIETOR****6. BRIEFLY DESCRIBE THE NATURE OF YOUR OPERATIONS (Products handled or manufactured, or nature of services performed).****7. A. PRINCIPAL LOCATION:****B. BRANCH LOCATIONS:****8. NUMBER OF PEOPLE PRESENTLY EMPLOYED**

A. Total:

B. At the address involved in this matter:

9. DURING THE MOST RECENT (Check appropriate box): ☐ CALENDAR YR ☐ 12 MONTHS or ☐ FISCAL YR (FY dates)**YES NO**A. Did you **provide services** valued in excess of \$50,000 directly to customers outside your State? If no, indicate actual value.
\$B. If you answered no to 9A, did you **provide services** valued in excess of \$50,000 to customers in your State who purchased goods valued in excess of \$50,000 from directly outside your State? If no, indicate the value of any such services you provided.
\$C. If you answered no to 9A and 9B, did you **provide services** valued in excess of \$50,000 to public utilities, transit systems, newspapers, health care institutions, broadcasting stations, commercial buildings, educational institutions, or retail concerns? If less than \$50,000, indicate amount. \$D. Did you **sell goods** valued in excess of \$50,000 directly to customers located outside your State? If less than \$50,000, indicate amount. \$E. If you answered no to 9D, did you **sell goods** valued in excess of \$50,000 directly to customers located inside your State who purchased other goods valued in excess of \$50,000 from directly outside your State? If less than \$50,000, indicate amount.
\$F. Did you **purchase and receive goods** valued in excess of \$50,000 from directly outside your State? If less than \$50,000, indicate amount. \$G. Did you **purchase and receive goods** valued in excess of \$50,000 from enterprises who received the goods directly from points outside your State? If less than \$50,000, indicate amount. \$H. **Gross Revenues** from all sales or performance of services (Check the largest amount)
☐ \$100,000 ☐ \$250,000 ☐ \$500,000 ☐ \$1,000,000 or more If less than \$100,000, indicate amount.I. Did you **begin operations within the last 12 months?** If yes, specify date: _____**10. ARE YOU A MEMBER OF AN ASSOCIATION OR OTHER EMPLOYER GROUP THAT ENGAGES IN COLLECTIVE BARGAINING?**☐ YES ☐ NO (If yes, name and address of association or group).**11. REPRESENTATIVE BEST QUALIFIED TO GIVE FURTHER INFORMATION ABOUT YOUR OPERATIONS**

NAME

TITLE

E-MAIL ADDRESS

TEL. NUMBER

12. AUTHORIZED REPRESENTATIVE COMPLETING THIS QUESTIONNAIRE

NAME AND TITLE (Type or Print)

SIGNATURE

E-MAIL ADDRESS

DATE

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and/or unfair labor practice proceedings and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary. However, failure to supply the information may cause the NLRB to refuse to process any further a representation or unfair labor practice case, or may cause the NLRB to issue you a subpoena and seek enforcement of the subpoena in federal court.

UNITED STATES OF AMERICA
BEFORE THE NATIONAL LABOR RELATIONS BOARD

VIBRA HOSPITAL OF SACRAMENTO

Charged Party

and

**SEIU UNITED HEALTHCARE WORKERS
WEST**

Charging Party

Case 20-CA-164016

AFFIDAVIT OF SERVICE OF CHARGE AGAINST EMPLOYER

I, the undersigned employee of the National Labor Relations Board, state under oath that on November 12, 2015, I served the above-entitled document(s) by post-paid regular mail upon the following persons, addressed to them at the following addresses:

Chase Caldwell, Employer Representative
Vibra Hospital of Sacramento
330 Montrose Dr
Folsom, CA 95630-2720

November 12, 2015

Date

Enter NAME, Designated Agent of NLRB

Name

Signature



UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

REGION 20
901 Market Street, Suite 400
San Francisco, CA 94103-1738

Agency Website: www.nlr.gov
Telephone: (415)356-5130
Fax: (415)356-5156



Download
NLRB
Mobile App

November 12, 2015

Lilly Vallee
SERVICE EMPLOYEES INTERNATIONAL UNION, UNITED HEALTHCARE WORKERS -
WEST
560 THOMAS L. BERKLEY WAY
OAKLAND, CA 94612-1602

Re: Vibra Hospital of Sacramento
Case 20-CA-164016

Dear Ms. Vallee:

The charge that you filed in this case on November 10, 2015 has been docketed as case number 20-CA-164016. This letter tells you how to contact the Board agent who will be investigating the charge, explains your right to be represented, discusses presenting your evidence, and provides a brief explanation of our procedures, including how to submit documents to the NLRB.

Investigator: This charge is being investigated by Field Examiner SAMUEL J. HOFFMANN whose telephone number is (415)356-5167. If this Board agent is not available, you may contact Supervisory Field Examiner OLIVIA VARGAS whose telephone number is (415)356-5180.

Right to Representation: You have the right to be represented by an attorney or other representative in any proceeding before us. If you choose to be represented, your representative must notify us in writing of this fact as soon as possible by completing *Form NLRB-4701, Notice of Appearance*. This form is available on our website, www.nlr.gov, or at the Regional office upon your request.

If you are contacted by someone about representing you in this case, please be assured that no organization or person seeking your business has any "inside knowledge" or favored relationship with the National Labor Relations Board. Their knowledge regarding this proceeding was only obtained through access to information that must be made available to any member of the public under the Freedom of Information Act.

Presentation of Your Evidence: As the party who filed the charge in this case, it is your responsibility to meet with the Board agent to provide a sworn affidavit, or provide other witnesses to provide sworn affidavits, and to provide relevant documents within your possession. Because we seek to resolve labor disputes promptly, you should be ready to promptly present your affidavit(s) and other evidence. If you have not yet scheduled a date and time for the Board agent to take your affidavit, please contact the Board agent to schedule the affidavit(s). If you

fail to cooperate in promptly presenting your evidence, your charge may be dismissed without investigation.

Procedures: We strongly urge everyone to submit all documents and other materials by E-Filing (not e-mailing) through our website www.nlr.gov. However, the Agency will continue to accept timely filed paper documents. Please include the case name and number indicated above on all your correspondence regarding the charge.

Information about the Agency, the procedures we follow in unfair labor practice cases and our customer service standards is available on our website www.nlr.gov or from the Regional Office upon your request. *NLRB Form 4541, Investigative Procedures* offers information that is helpful to parties involved in an investigation of an unfair labor practice charge.

We can provide assistance for persons with limited English proficiency or disability. Please let us know if you or any of your witnesses would like such assistance.

Very truly yours,

A handwritten signature in black ink, appearing to read "J. Frankl", written in a cursive style.

JOSEPH F. FRANKL
Regional Director

djd

cc: XOCHITL A. LOPEZ, ATTORNEY AT
LAW
WEINBERG, ROGER & ROSENFELD
1001 MARINA VILLAGE PARKWAY,
SUITE 200
ALAMEDA, CA 94501

Copy of charge only sent to:

Bruce A. Harland
Weinberg Roger & Rosenfeld
1001 Marina Village Pkwy
Alameda, CA 94501-1091

NATIONAL LABOR RELATIONS BOARD

NOTICE OF APPEARANCE

VIBRA HOSPITAL OF SACRAMENTO
and
SEIU UNITED HEALTHCARE WORKERS WEST

CASE 20-CA-164016

☒ REGIONAL DIRECTOR ☐ EXECUTIVE SECRETARY
NATIONAL LABOR RELATIONS BOARD
Washington, DC 20570 ☐ GENERAL COUNSEL
NATIONAL LABOR RELATIONS BOARD
Washington, DC 20570

THE UNDERSIGNED HEREBY ENTERS APPEARANCE AS REPRESENTATIVE OF _____

Vibra Hospital of Sacramento

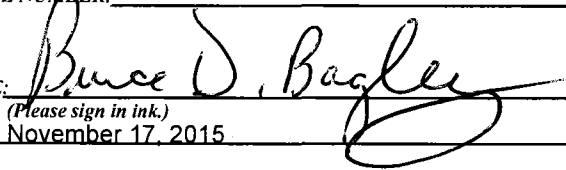
IN THE ABOVE-CAPTIONED MATTER.

CHECK THE APPROPRIATE BOX(ES) BELOW:

☒ REPRESENTATIVE IS AN ATTORNEY

☐ IF REPRESENTATIVE IS AN ATTORNEY, IN ORDER TO ENSURE THAT THE PARTY MAY RECEIVE COPIES OF CERTAIN DOCUMENTS OR CORRESPONDENCE FROM THE AGENCY IN ADDITION TO THOSE DESCRIBED BELOW, THIS BOX MUST BE CHECKED. IF THIS BOX IS NOT CHECKED, THE PARTY WILL RECEIVE ONLY COPIES OF CERTAIN DOCUMENTS SUCH AS CHARGES, PETITIONS AND FORMAL DOCUMENTS AS DESCRIBED IN SEC. 11842.3 OF THE CASEHANDLING MANUAL.

(REPRESENTATIVE INFORMATION)

NAME:	Bruce D. Bagley, Esq.
MAILING ADDRESS:	McNees Wallace & Nurick LLC, PO Box 1166, Harrisburg, PA 17108-1166
E-MAIL ADDRESS:	bbagley@mwn.com
OFFICE TELEPHONE NUMBER:	717-237-5338
CELL PHONE NUMBER:	FAX: 717-260-1661
SIGNATURE:	
DATE:	November 17, 2015

¹ IF CASE IS PENDING IN WASHINGTON AND NOTICE OF APPEARANCE IS SENT TO THE GENERAL COUNSEL OR THE EXECUTIVE SECRETARY, A COPY SHOULD BE SENT TO THE REGIONAL DIRECTOR OF THE REGION IN WHICH THE CASE WAS FILED SO THAT THOSE RECORDS WILL REFLECT THE APPEARANCE.

From: [Hoffmann, Samuel J.](#)
To: ["Xochitl A. Lopez"](#)
Subject: 20-CA-164016 Vibra Hospital
Date: Friday, November 27, 2015 7:38:00 PM

Ms. Lopez,

Per our conversation this week, the above-mentioned charge pertains to the termination of (b) (6), (b) (7) (C) [REDACTED]. The Employer has indicated that (b) (6), (b) (7) (C) [REDACTED] was reinstated with back pay. Please reach out to the Union to see if they would still like to pursue the charge or if it has been remedied. If the Union still wants to pursue the charge, it will have to provide its evidence and witnesses before the close of business (5:00 PM) on Friday, December 4, 2015. If the Union fails to meet this deadline, I may have to recommend dismissal due to lack of cooperation.

Please contact me at your earliest convenience to discuss how you would like to proceed with these matters.

Samuel Hoffmann
Field Examiner
National Labor Relations Board
Region 20
901 Market Street, Suite 400
San Francisco, CA 94103-1735
Phone: (415) 356-5167
Fax: (415) 356-5156

Bruce D. Bagley
Direct Dial: 717.237.5338
Direct Fax: 717.260.1661
bbagley@mwn.com

December 3, 2015

VIA E-MAIL

Samuel J. Hoffmann, Field Examiner
National Labor Relations Board
Region 20
901 Market Street, Suite 400
San Francisco, CA 94103-1738

RE: Vibra Hospital of Sacramento
Case 20-CA-164016
Our File No. 23901-0022

Dear Sam:

This correspondence shall constitute the Position Statement of Vibra Hospital of Sacramento, the Employer in the above-captioned matter.

The Charge filed by SEIU alleges that the Employer violated Section 8(a)(1) and (3) of the Act by discharging employee (b) (6), (b) (7)(C) because of (b) (6), (b) (7)(C) alleged Union activities. As I have previously informed you, (b) (6), (b) (7)(C) was discharged on or about (b) (6), (b) (7)(C) 2015 for repeated attendance/tardiness violations, but then was reinstated with full back pay on (b) (6), (b) (7)(C). As will be described in more detail below, the (b) (6), (b) (7)(C) discharge was not based upon and indeed had nothing whatsoever to do with any Union activities in which (b) (6), (b) (7)(C) allegedly may have been involved (if any).

(b) (6), (b) (7)(C) is employed as (b) (6), (b) (7)(C) in the Hospital's nursing department. In (b) (6), (b) (7)(C) 2014, (b) (6), (b) (7)(C) had received a Final Written Warning for failing to comply with the Hospital's Attendance Policy. A copy of that Final Written Warning is at Enclosure 1.

In (b) (6), (b) (7)(C) 2015, (b) (6), (b) (7)(C) was issued a First Notice after a review of (b) (6), (b) (7)(C) time cards disclosed that, on one occasion, (b) (6), (b) (7)(C) had punched in early from lunch, and on a second occasion, had punched out late. A copy of that First Notice is at Enclosure 2.

On (b) (6), (b) (7)(C) 2015, the (b) (6), (b) (7)(C) issued a discharge notice to (b) (6), (b) (7)(C) noting that since the issuance of the Final Written Warning of 2014, (b) (6), (b) (7)(C) had incurred a number of tardiness and other attendance violations. (b) (6), (b) (7)(C) had no

Samuel J. Hoffmann, Field Examiner
December 3, 2015
Page 2

knowledge at that time regarding any Union activity allegedly engaged in by (b) (6), (b) (7)(C). A copy of the (b) (6), (b) (7)(C) discharge notice is at Enclosure 3.

After meeting with (b) (6), (b) (7)(C), (b) (6), (b) (7)(C) spoke with the Hospital's new (b) (6), (b) (7)(C). (b) (6), (b) (7)(C) claimed (b) (6), (b) (7)(C) had been unaware of some of the attendance incidents referenced in (b) (6), (b) (7)(C) discharge notice. When (b) (6), (b) (7)(C) delved more deeply into the matter, (b) (6), (b) (7)(C) could not find evidence indicating that the previous (b) (6), (b) (7)(C) had in fact provided (b) (6), (b) (7)(C) with sufficient notification that (b) (6), (b) (7)(C) had been violating the Attendance Policy. (b) (6), (b) (7)(C) then recommended to the Hospital's (b) (6), (b) (7)(C) that the discharge decision be revoked and that (b) (6), (b) (7)(C) be reinstated. (b) (6), (b) (7)(C) agreed to revoke the discharge and reduce the disciplinary action to a written warning.

On (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) spoke with (b) (6), (b) (7)(C) by phone, and reinstated (b) (6), (b) (7)(C) to full-time employment with full back pay for the three days that (b) (6), (b) (7)(C) had been off schedule. As you will see by Enclosure 4 (b) (6), (b) (7)(C) confirmatory email of (b) (6), (b) (7)(C) to (b) (6), (b) (7)(C) they also agreed to meet on (b) (6), (b) (7)(C) to review a written warning and 90 day performance improvement plan (PIP) focusing upon (b) (6), (b) (7)(C) future attendance.

On (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) met with (b) (6), (b) (7)(C) and they reviewed the PIP/Written Warning. The meeting proceeded without incident, and (b) (6), (b) (7)(C) signed the PIP/Written Warning. A copy of the latter is at Enclosure 5.

It is the Employer's position in this matter that it has at all times treated (b) (6), (b) (7)(C) fairly and certainly has not discriminated against (b) (6), (b) (7)(C) because of any alleged Union activities. While the (b) (6), (b) (7)(C) discharge determination was revoked, that revocation was finalized well before the filing of this Charge, after the underlying facts were reviewed by (b) (6), (b) (7)(C). The previous (b) (6), (b) (7)(C) had failed to notify (b) (6), (b) (7)(C) of prior attendance violations, and (b) (6), (b) (7)(C) had erroneously counted those violations when (b) (6), (b) (7)(C) decided that discharge was the appropriate penalty. But, in any event, as all of this was unrelated to Union activities, the Charge has no legal merit and should therefore be dismissed by the Regional Director.

Thank you for your attention to the above.

Sincerely,

McNEES WALLACE & NURICK LLC

By 
Bruce D. Bagley

BDB (b) (6), (b) (7)(C)
Enclosures

ENCLOSURE 1



Employee Corrective Action

Name: (b) (6), (b) (7)(C)
Date: (b) (6), (b) (7)(C) 2014

Statement of Corrective Action/Expected Performance/Action Plans:

The Hospital has identified areas of opportunities for improvement. This document is identifying my expectations of your performance as well as an opportunity for you to provide feedback to improve the operations of the hospital and department.

On 10/19/14 our attendance records show that you were a no call/ show for the day. You are now being placed on a **Final Written Warning** for your attendance.

Description of Action Taken:

(b) (6), (b) (7) is receiving a **Final Written Warning** for failing to comply with the Attendance Policy. As an employee of Vibra Hospital Sacramento you are expected to be punctual and regular in attendance. Any tardiness or absence causes problem for your fellow employees and your supervisor. When you are absent, your assigned work must be performed by others which may impact the delivery of patient care. If any additional occurrences or failing to meet expectations as outlined above may result in additional corrective action up to and including termination of employment.

The Hospital would like to take this opportunity to remind you of our Employee Assistance Program administered through Lincoln Financial. I am including an informational sheet to this document for your reference. As a reminder, your participation in our EAP program is kept confidential.

(b) (6), (b) (7)(C)

(b) (6), (b) (7)(C)

Date

Employee's Signature (My signature indicates that I have received a copy of this Corrective Action and Action Plan and that I have been given an opportunity to comment, but it does not indicate that I necessarily agree with all the above statement(s).

(b) (6), (b) (7)(C)

(b) (6), (b) (7)(C)

Date

Department Director/Manager/Supervisor

Supervisor's Signature (I have investigated the circumstances surrounding this notice and have verified to the best of my knowledge and belief that the action taken is within Company policy, and that the information is factual.).

ENCLOSURE 2



First Notice

Dear (b) (6), (b) (7)(C),

From review of your timecard for the payroll period ending (b) (6), (b) (7)(C)/15 we noted the following non-compliance with policy:

- ☐ _____ missed punches without an acceptable explanation (e.g. offsite meeting).
- ☐ _____ missed meals.

X 2 incidents of incremental overtime. 1 for punching in early from lunch. Second for punching out late

Other: _____

A copy of this letter has been included in your personnel file. **Three of such letters within 3-month timeframe will lead to disciplinary action.**

Sincerely,

(b) (6), (b) (7)(C)

ENCLOSURE 3



Notice of Termination

Name: (b) (6), (b) (7)(C)
Date: (b) (6), (b) (7)(C) / 15

Notice of Change of Relationship:

(b) (6), (b) (7)(C),

Your **Final Written Warning** for your attendance was given to you on (b) (6), (b) (7)(C) 2014. Your evaluation given to you on June 13, 2015 also listed a goal of improve attendance in accordance with Vibra time and attendance policies. Since that time our attendance records show that you were absent on the dates listed below. You are now being advised that your employment is being **Terminated** due to failure to comply with the attendance policy.

10/17/15	10/16/15
10/5/15 Tardy	9/5/15 Tardy
8/30/15	8/23/15 with improper call in
8/16/15	5/2/15, 5/3/15, 5/4/15
4/4/15	3/4/15

Description of Action Taken:

(b) (6), (b) (7)(C) is receiving a **Termination Notice** for failing to comply with the Attendance Policy. As an employee of Vibra Hospital Sacramento you are expected to be punctual and regular in attendance. Any tardiness or absence causes problem for your fellow employees and your supervisor. When you are absent, your assigned work must be performed by others which may impact the delivery of patient care.

The Hospital would like to take this opportunity to remind you of our Employee Assistance Program administered through Lincoln Financial. I am including an informational sheet to this document for your reference. As a reminder, your participation in our EAP program is kept confidential.

REFUSED TO SIGN

Employee Signature

(b) (6), (b) (7)(C) (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) / 15

Employee's Signature (My signature indicates that I have received a copy of this Corrective Action and Action Plan and that I have been given an opportunity to comment, but it does not indicate that I necessarily agree with all the above statement(s).

(b) (6), (b) (7)(C)

(b) (6), (b) (7)(C) / 15
Date

Supervisor's Signature (I have investigated the circumstances surrounding this notice and have verified to the best of my knowledge and belief that the action taken is within Company policy, and that the information is factual.).

ENCLOSURE 4

(b) (6), (b) (7)(C)

From: (b) (6), (b) (7)(C)
Sent: Wednesday, (b) (6), (b) (7)(C), 2015 12:37 PM
To: (b) (6), (b) (7)(C)
Cc: (b) (6), (b) (7)(C)
Subject: Reinstatement

Importance: High

(b) (6), (b) (7)(C)

The intent of this email is to capture the telephone conversation we had today.

Based on a review of your file and a discussion with HR and (b) (6), (b) (7)(C) the following decisions were made:

1. We will reinstate you as a FT night shift (b) (6), (b) (7)(C) on your regularly scheduled with your first shift scheduled for Friday, (b) (6), (b) (7)(C)/2015.
2. You will be paid for the 3 days of missed work due to this matter.
3. I will meet with you on (b) (6), (b) (7)(C) 2015 at 1:30 to review a 90 day performance improvement plan focused on ensuring you are aware of the Hospital policy on attendance and punctuality standards and to clearly outline my expectations for attendance.
4. I also requested that you contact the Human Resources Department for any issues/questions around Family Medical Leave (FMLA) or to apply for FMLA. You can contact (b) (6), (b) (7)(C) at (b) (6), (b) (7)(C) or via email at (b) (6), (b) (7)(C)@vhsacramento.com

If you have any questions about this information please contact me by email or phone.

(b) (6), (b) (7)(C)

(b) (6), (b) (7)(C)

Vibra Hospital Sacramento

(b) (6), (b) (7)(C)

(b) (6), (b) (7)(C)@VHSacramento.com



ENCLOSURE 5



(b) (6), (b) (7)(C) 2015

(b) (6), (b) (7)(C)

Re: Attendance and Punctuality Written Warning

(b) (6), (b) (7)(C)

As you know, the reinstatement of your employment was done on Wednesday, (b) (6), (b) (7)(C) 2015 with your first shift returning to work being Friday, (b) (6), (b) (7)(C) 2015. While you were reinstated to your position here at Vibra, I have had an opportunity to review your overall attendance and punctuality over the course of the past 10 months and what I see is a pattern or excessive sick calls and occasional tardiness. Your pattern of attendance and punctuality is in violation of the Administrative Policy on Attendance and Punctuality (see attached).

Since you disclosed that some of the sick time usage over the past year has been due to an illness of (b) (6), (b) (7)(C) I have asked that the Human Resources (HR) Department provide me with the FMLA information to provide to you today. The HR department will be responsible for reviewing your request for FMLA and determining your eligibility.

Over the next 90 days I will be monitoring your attendance and punctuality very closely. If your pattern of sick calls continues and it is determined that the sick calls are not related to FMLA, you could be facing progressive discipline up to and including termination.

(b) (6), (b) (7)(C)

(b) (6), (b) (7)(C)

Date

(b) (6), (b) (7)(C)

(b) (6), (b) (7)(C)

Date

From: [Bagley, Bruce](#)
To: [Hoffmann, Samuel J.](#)
Subject: RE: Vibra [(b) (6), (b) (7)(C)] discharge]
Date: Monday, December 14, 2015 2:34:51 PM
Attachments: [Samuel Hofmann letter \(A4841641\).pdf](#)
[Enclosures to 12-14-15 letter \(A4841646\).pdf](#)

Hi Sam. Per your request of 12/8 [below], please see the attached.
[I think you should now be able to recommend dismissal of this Charge without any reservations!]

Thanks,
Bruce

Bruce D. Bagley
McNees Wallace & Nurick LLC
100 Pine Street, P. O. Box 1166
Harrisburg, PA 17108-1166
Direct Telephone: 717.237.5338
FAX: 717.260.1661
bbagley@mwn.com

NOTICE: The foregoing message may be protected by the attorney-client privilege. If you believe that it has been sent to you in error, do not read it. Please reply to the sender that you have received the message in error, then delete it. Thank you.

From: Hoffmann, Samuel J. [mailto:Samuel.Hoffmann@nlrb.gov]
Sent: Tuesday, December 8, 2015 5:50 PM
To: Bagley, Bruce <BBagley@mwn.com>
Subject: RE: Vibra [(b) (6), (b) (7)(C)] discharge]

Bruce,

Per our conversation, please provide a summary of the Employer's practice regarding the review of employees' attendance. As you indicated on the phone, the Employer conducts a review of employees' attendance periodically (quarterly?) throughout the year. Please provide a date of when the Employer conducted its review of employee attendance, which employees were reviewed (all or some?), copies of all discipline issued as a result of the review, and copies of any discipline rescinded as a result of this review.

Please provide the following information by December 14, 2015. Thanks and feel free to contact me with any questions or concerns you may have.

-Sam



100 Pine Street • PO Box 1166 • Harrisburg, PA 17108-1166
Tel: 717.232.8000 • Fax: 717.237.5300

Bruce D. Bagley
Direct Dial: 717.237.5338
Direct Fax: 717.260.1661
bbagley@mwn.com

December 14, 2015

Samuel J. Hoffmann, Field Examiner
National Labor Relations Board
Region 20
901 Market Street, Suite 400
San Francisco, CA 94103-1738

VIA E-MAIL

RE: Vibra Hospital of Sacramento
Case 20-CA-164016
Our File No. 23901-0022

Dear Sam:

This is in response to your correspondence of December 8, 2015, requesting additional information with regard to the (b) (6), (b) (7)(C) discharge allegations.

As you know, we have already submitted our detailed Position Statement, dated December 3, 2015, with relevant documents attached. (b) (6), (b) (7)(C) was "discharged" for only three days, and reinstated with full back pay after (b) (6), (b) (7)(C) requested reconsideration from the (b) (6), (b) (7)(C). It was determined that errors had been made by (b) (6), (b) (7)(C) in the calculation of prior attendance occurrences. (b) (6), (b) (7)(C) had no knowledge of any particular Union activities allegedly engaged in by (b) (6), (b) (7)(C) at the time of the original (b) (6), (b) (7)(C) 2015 discharge.

In your request of December 8, 2015, you requested a summary of Vibra's practices regarding review of employee attendance records. Please be advised it has been the practice for (b) (6), (b) (7)(C) to review attendance records periodically, typically quarterly. Enclosed you will find a series of written warnings for attendance given to a number of employees at around the same time of (b) (6), (b) (7)(C) original (b) (6), (b) (7)(C) discharge.

As was the case with (b) (6), (b) (7)(C) many of these disciplinary actions were subsequently reversed. When (b) (6), (b) (7)(C) reviewed them, (b) (6), (b) (7)(C) found that several of the warnings (those issued to (b) (6), (b) (7)(C)) had been issued by (b) (6), (b) (7)(C) without knowing that the employees had actually called out sick (the absences had just been marked as "call outs"). Another employee, (b) (6), (b) (7)(C) had been issued a Final Written Warning on (b) (6), (b) (7)(C) which was then reduced to a written warning on (b) (6), (b) (7)(C).

You can readily see that many employees, not just (b) (6), (b) (7)(C) were disciplined for attendance issues in late (b) (6), (b) (7)(C). And a number of these, not just (b) (6), (b) (7)(C)

www.mwn.com

HARRISBURG, PA • LANCASTER, PA • SCRANTON, PA • STATE COLLEGE, PA • COLUMBUS, OH • WASHINGTON, DC

Samuel J. Hoffmann, Field Examiner
December 14, 2015
Page 2

had their disciplinary actions revoked or reduced, after they were reviewed by (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) We must therefore reiterate what we said in our earlier Position Statement, that (b) (6), (b) (7)(C) has not been discriminated against because of Union activities, and that this Charge should therefore be dismissed at the earliest possible time.

Thank you for your attention to the above.

Sincerely,

McNEES WALLACE & NURICK LLC

By 
Bruce D. Bagley

BDB (b) (6), (b) (7)(C)
Enclosures

Written Warning for Attendance

All letters must be given and signed by 11/20/2015

1. Review the written warning with the staff members
2. Provide a copy of the attendance and punctuality standard policy attached the letter.
3. Have the employee sign the letter (if they refuse to sign indicate they refused on the letter)
4. Make a copy of the signed letter and provide the copy of the letter to the employee.
5. Please be sure to give me the original copy of the written warning as soon as possible after having them signed.

Employee	Supervisor who gave letter	Date Given	
<i>Can't</i> (b) (6), (b) (7)(C) # DT Calif Sick law	(b) (6), (b) (7)(C)	(b) (6), (b) (7)(C) 1/5 Left VM	(b) (6), (b) (7)(C)
<i>Can't</i> (b) (6), (b) (7)(C) # DT Calif Sick law	(b) (6), (b) (7)(C)	(b) (6), (b) (7)(C) 1/5 Left VM Notified	(b) (6), (b) (7)(C) (b) (6), (b) (7)(C)
(b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)	(b) (6), (b) (7)(C) 1/5	
<i>Can't</i> (b) (6), (b) (7)(C) # DT Calif Sick law	NOT SIGN (b) (6), (b) (7)(C)	(b) (6), (b) (7)(C) 1/5 Notified	(b) (6), (b) (7)(C)
(b) (6), (b) (7)(C)	NOT SIGN (b) (6), (b) (7)(C)	(b) (6), (b) (7)(C) 1/5	
(b) (6), (b) (7)(C) Pending EE P/D has not worked			
<i>Can't</i> (b) (6), (b) (7)(C) # DT Calif Sick law	(b) (6), (b) (7)(C)	(b) (6), (b) (7)(C) 1/5 Left VM	(b) (6), (b) (7)(C)
(b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)	(b) (6), (b) (7)(C) 1/5	



(b) (6), (b) (7)(C)

(b) (6), (b) (7)(C), 2015

To: (b) (6), (b) (7)(C)

Re: Written Warning for Attendance

Vibra Hospital of Sacramento has a policy for Attendance and Punctuality. According to the Attendance and Punctuality policy, when an employee has three or more absences within any 90-day period, the employee will be issued a written warning. According to our Attendance Records you have been absent on the following dates:

Absent on the following dates:

Sunday, September 13, 2015

Saturday, October 3, 2015 - SL

Sunday, October 4, 2015 - SL

Friday, October 16, 2015

It is the expectation that you come to work on time for your scheduled shifts and you remain in compliance with the Attendance and Punctuality Standards policy. Failure to comply with this policy will lead to further disciplinary action up to and including termination.

Please note that the Employee Assistance Program (EAP) is available to assist with any personal matters that might be impacting you. EAP is a voluntary and confidential program designed to assist staff. Information about the EAP program can be obtained from the Human Resources Department.

(b) (6), (b) (7)(C)

(b) (6), (b) (7)(C)

2015

Employee Signature

Date

(b) (6), (b) (7)(C)

(b) (6), (b) (7)(C)

1/15

Nursing Supervisor Signature

Date

(b) (6), (b) (7)(C)

1/15

(b) (6), (b) (7)(C)

Date

Copy of the attendance Policy Provided to employee



left vm [redacted] (b) (6), (b) (7)(C)

(b) (6), (b) (7)(C) 2015

To: (b) (6), (b) (7)(C)

Re: Written Warning for Attendance

Vibra Hospital of Sacramento has a policy for Attendance and Punctuality. According to the Attendance and Punctuality policy, when an employee has three or more absences within any 90-day period, the employee will be issued a written warning. According to our Attendance Records you have been absent on the following dates:

Absent on the following dates:

Friday, July 17, 2015

Thursday, August 27, 2015

Friday, August 28, 2015

Saturday, October 3, 2015

It is the expectation that you come to work on time for your scheduled shifts and you remain in compliance with the Attendance and Punctuality Standards policy. Failure to comply with this policy will lead to further disciplinary action up to and including termination.

Please note that the Employee Assistance Program (EAP) is available to assist with any personal matters that might be impacting you. EAP is a voluntary and confidential program designed to assist staff. Information about the EAP program can be obtained from the Human Resources Department.

(b) (6), (b) (7)(C)

(b) (6), (b) (7)(C)

15

(b) (6), (b) (7)(C)

(b) (6), (b) (7)(C)

15

Employee Signature

Date

(b) (6), (b) (7)(C)

(b) (6), (b) (7)(C)

15

Nursing Supervisor Signature

Date

(b) (6), (b) (7)(C)

(b) (6), (b) (7)(C)

15

Date

Copy of the attendance policy provided to employee



(b) (6), (b) (7)(C) 2015

To: (b) (6), (b) (7)(C)

Re: Written Warning for Attendance

Vibra Hospital of Sacramento has a policy for Attendance and Punctuality. According to the Attendance and Punctuality policy, when an employee has three or more absences within any 90-day period, the employee will be issued a written warning. According to our Attendance Records you have been absent on the following dates:

Absent on the following dates:

Monday, July 27, 2015

Tuesday, July 28, 2015

Tuesday, September 1, 2015

Wednesday, September 2, 2015

Sunday, October 18, 2015

Monday, October 19, 2015

It is the expectation that you come to work on time for your scheduled shifts and you remain in compliance with the Attendance and Punctuality Standards policy. Failure to comply with this policy will lead to further disciplinary action up to and including termination.

Please note that the Employee Assistance Program (EAP) is available to assist with any personal matters that might be impacting you. EAP is a voluntary and confidential program designed to assist staff.

(b) (6), (b) (7)(C) gram can be obtained from the Human Resources Department.

(b) (6), (b) (7)(C)

(b) (6), (b) (7)(C)

Date

(b) (6), (b) (7)(C)

(b) (6), (b) (7)(C)

Nursing Supervisor Signature

Date

(b) (6), (b) (7)(C)

(b) (6), (b) (7)(C)

Date

Copy of the attendance policy provided to employee



(b) (6), (b) (7)(C) 2015

To: (b) (6), (b) (7)(C)

Re: Written Warning for Attendance

Vibra Hospital of Sacramento has a policy for Attendance and Punctuality. According to the Attendance and Punctuality policy, when an employee has three or more absences within any 90-day period, the employee will be issued a written warning. According to our Attendance Records you have been absent on the following dates:

Absent on the following dates:

Saturday, July 18, 2015

Wednesday, August 19, 2015

Tuesday, October 6, 2015

Monday, October 12, 2015

It is the expectation that you come to work on time for your scheduled shifts and you remain in compliance with the Attendance and Punctuality Standards policy. Failure to comply with this policy will lead to further disciplinary action up to and including termination.

Please note that the Employee Assistance Program (EAP) is available to assist with any personal matters that might be impacting you. EAP is a voluntary and confidential program designed to assist staff. Information about the EAP program can be obtained from the Human Resources Department.

Employee Signature

Date

Nursing Supervisor Signature

Date

(b) (6), (b) (7)(C)

(b) (6), (b) (7)(C)

Date

Copy of the attendance policy provided to the employee



(b) (6), (b) (7)(C) 2015

To: (b) (6), (b) (7)(C)

Re: Written Warning for Attendance

Vibra Hospital of Sacramento has a policy for Attendance and Punctuality. According to the Attendance and Punctuality policy, when an employee has three or more absences within any 90-day period, the employee will be issued a written warning. According to our Attendance Records you have been absent on the following dates:

Absent on the following dates:

Friday, July 31, 2015
Sunday, August 9, 2015
Thursday, August 13, 2015
Thursday, August 20, 2015
Saturday, August 22, 2015
Sunday, August 23, 2015
Monday, October 19, 2015

It is the expectation that you come to work on time for your scheduled shifts and you remain in compliance with the Attendance and Punctuality Standards policy. Failure to comply with this policy will lead to further disciplinary action up to and including termination.

Please note that the Employee Assistance Program (EAP) is available to assist with any personal matters that might be impacting you. EAP is a voluntary and confidential program designed to assist staff. Information about the EAP program can be obtained from the Human Resources Department.

Refused to Sign

Employee Signature

Date

(b) (6), (b) (7)(C) (b) (6), (b) (7)(C) /T

Nursing Supervisor Signature

Date

(b) (6), (b) (7)(C) (b) (6), (b) (7)(C) /S

Date

Copy of the attendance policy provided to the employee



NOT ISSUED yet
- PER
Diem
EE HAS
NOT WORKED

October 28, 2015

To: (b) (6), (b) (7)(C)

Re: Written Warning for Attendance

Vibra Hospital of Sacramento has a policy for Attendance and Punctuality. According to the Attendance and Punctuality policy, when an employee has three or more absences within any 90-day period, the employee will be issued a written warning. According to our Attendance Records you have been absent on the following dates:

Absent on the following dates:

Wednesday, July 15, 2015

Thursday, July 16, 2015

Saturday, September 5, 2015

Sunday, September 6, 2015

Wednesday, September 23, 2015

Sunday, October 25, 2015

It is the expectation that you come to work on time for your scheduled shifts and you remain in compliance with the Attendance and Punctuality Standards policy. Failure to comply with this policy will lead to further disciplinary action up to and including termination.

Please note that the Employee Assistance Program (EAP) is available to assist with any personal matters that might be impacting you. EAP is a voluntary and confidential program designed to assist staff. Information about the EAP program can be obtained from the Human Resources Department.

Employee Signature

Date

Nursing Supervisor Signature

Date

(b) (6), (b) (7)(C)

(b) (6), (b) (7)(C)

Date

Copy of the Attendance Policy Provided to the employee

330 Montrose Drive • Folsom, CA 95630 • 916.351.9151



Left Voice msg

(b) (6), (b) (7)(C)

(b) (6), (b) (7)(C) 2015

To: (b) (6), (b) (7)(C)

Re: Written Warning for Attendance

Vibra Hospital of Sacramento has a policy for Attendance and Punctuality. According to the Attendance and Punctuality policy, when an employee has three or more absences within any 90-day period, the employee will be issued a written warning. According to our Attendance Records you have been absent on the following dates:

Absent on the following dates:

Wednesday, July 22, 2015

Wednesday, August 19, 2015

Friday, September 11, 2015

It is the expectation that you come to work on time for your scheduled shifts and you remain in compliance with the Attendance and Punctuality Standards policy. Failure to comply with this policy will lead to further disciplinary action up to and including termination.

Please note that the Employee Assistance Program (EAP) is available to assist with any personal matters that might be impacting you. EAP is a voluntary and confidential program designed to assist staff.

(b) (6), (b) (7)(C) can be obtained from the Human Resources Department.

(b) (6), (b) (7)(C)

(b) (6), (b) (7)(C)

Date

(b) (6), (b) (7)(C)

(b) (6), (b) (7)(C)

Nursing Supervisor Signature

Date

(b) (6), (b) (7)(C)

(b) (6), (b) (7)(C)

Date

Copy of the Attendance Policy Provided to the employee



Employee Corrective Action

Name: (b) (6), (b) (7)(C)
Date: (b) (6), (b) (7)(C) 15

Statement of Corrective Action/Expected Performance/Action Plans:

The Hospital has identified areas of opportunities for improvement. This document is identifying my expectations of your performance as well as an opportunity for you to provide feedback to improve the operations of the hospital and department.

Our attendance records show that you were absent on the dates listed below. This is in violation of the Vibra Attendance Policy. You are now being placed on **Final Written Warning** for your attendance.

10/17/15 Tardy
10/13/15
10/5/15
10/4/15
10/3/15
9/24/15 Partial Shift
9/16/15
9/6/15
8/13/15 Partial Shift
7/12/15

(b) (6), (b) (7)(C)

(b) (6), (b) (7)(C)

(b) (6), (b) (7)(C)

Description of Action Taken:

(b) (6), (b) (7)(C) is receiving a **Final Written Warning** for failing to comply with the A Hospital Sacramento you are expected to be punctual and regular in attendance for your fellow employees and your supervisor. When you are absent, your assigned work must be performed by others which may impact the delivery of patient care. Any additional absence or tardy within the next 30 days will result in termination of employment.

(b) (6), (b) (7)(C)

to remind you of our Employee Assistance Program administered through to this document for your reference. As a reminder, your participation in

(b) (6), (b) (7)(C)

15

(b) (6), (b) (7)(C)

Employee's Signature (b) (6), (b) (7)(C) indicates that I have received a copy of this Corrective Action and Action Plan and that I have been given an opportunity to comment, but it does not indicate that I necessarily agree with all the above statement(s).

(b) (6), (b) (7)(C)

(b) (6), (b) (7)(C)

15

Supervisor's Signature (I have investigated the circumstances surrounding this notice and have verified to the best of my knowledge and belief that the action taken is within Company policy, and that the information is factual.).



(b) (6), (b) (7)(C) 2015

To: (b) (6), (b) (7)(C)

Re: Written Warning for Attendance

Vibra Hospital of Sacramento has a policy for Attendance and Punctuality. According to the Attendance and Punctuality policy, when an employee has three or more absences within any 90-day period, the employee will be issued a written warning. According to our Attendance Records you have been absent on the following dates:

Absent on the following dates:

Tuesday, October 13, 2015

~~Saturday – Monday, October 3-5, 2015~~

Thursday, September 24, 2015 (partial shift)

Wednesday, September 16, 2015

Sunday, September 6, 2015

Thursday, August 13, 2015 (partial shift)

Sunday, July 12, 2015

medical leave w/ Documentations from MD

It is the expectation that you come to work on time for your scheduled shifts and you remain in compliance with the Attendance and Punctuality Standards policy. Failure to comply with this policy will include termination.

(b) (6), (b) (7)(C)

program (EAP) is available to assist with any personal matters. The EAP is a voluntary and confidential program designed to assist staff. Information is obtained from the Human Resources Department.

(b) (6), (b) (7)(C)

5

(b) (6), (b) (7)(C)

e

(b) (6), (b) (7)(C)

(b) (6), (b) (7)(C)

1/15

Nursing Supervisor Signature

Date

(b) (6), (b) (7)(C)

(b) (6), (b) (7)(C)

(b) (6), (b) (7)(C)

1/15

Date

Copy of the attendance Policy given to employee

330 Montrose Drive • Folsom, CA 95630 • 916.351.9151



UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

REGION 20
901 Market Street, Suite 400
San Francisco, CA 94103-1738

Agency Website: www.nlr.gov
Telephone: (415)356-5130
Fax: (415)356-5156

December 23, 2015

BRUCE BAGLEY
MCNEES, WALLACE & NURICK LLC
100 PINE ST
P.O. BOX 1166
HARRISBURG, PA 17108-1166

Re: Vibra Hospital of Sacramento
Case 20-CA-164016

Dear Mr. BAGLEY:

This is to advise you that I have approved the withdrawal of the charge in the above matter.

Very truly yours,

/S/

JOSEPH F. FRANKL
Regional Director

cc: LILLY VALLEE
SERVICE EMPLOYEES INTERNATIONAL UNION,
UNITED HEALTHCARE WORKERS - WEST
560 THOMAS L. BERKLEY WAY
OAKLAND, CA 94612-1602

XOCHITL A. LOPEZ
WEINBERG, ROGER & ROSENFELD
1001 MARINA VILLAGE PKWY STE 200
ALAMEDA, CA 94501